JUDGE'S ENROLLMENT APPLICATION

(You must be a Active Senior member of the Federation at least 21 years of age.
Application will be processed in accordance with Chapter 10)

Name_____ Membership No. _____Birthdate _____

Address _____
Number and Street City State Zip Code

Telephone No. _____ Fax No. _____ Email:_____

Divisions for Which Applied: No more than four divisions will be considered at one time. Western applicants: please attach a photocopy of your status card if licensed by a National Breed Association.

A._____ **C.** _____

B._____ **D.** _____

The following information and references may be listed on a separate sheet of paper and attached to the application.

General Experience: (Give your experience as an owner, breeder, trainer, instructor, rider, and driver in each division for which applied.)

Judging/Learner Judging Experience: (List names of judges and names and dates of USEF licensed competitions officiated or learner judged.)

Clinic Attendance: Date: _____ Location: _____

Enclose $140 for the first division ($125 enrollment/$15 for Officials Insurance) and $30 for each additional division.

56110-001-602-0000 **USEF licensed official applying for additional licenses enclose $30.00 for each division.** LO/enroll01

PAYMENT INFORMATION (Do not detach)

ENTER AMOUNT FROM ABOVE

TOTAL AMOUNT ENCLOSED $ ☐☐☐☐☐☐☐☐.☐☐

PAYMENT METHOD (PLEASE DO NOT SEND CASH) Make Check Payable to: United States Equestrian Federation

☐ CHECK #_____ We also accept ☐ Visa ☐ AMEX or ☐ MasterCard

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date: ☐☐/☐☐☐☐

Card Holder's Name (Print) _____

Billing Zip Code ☐☐☐☐☐

Card Holder's Signature_____

References

It is to your advantage to provide references from licensed officials, and any other persons who are acquainted with your record and qualifications. Do not list more than 40 references or include the names of more than 4 persons who are not USEF members. Do not list any members of the Licensed Officials Committee. Refer to GR1040 – GR1077 ***If submitting addresses - evaluations will not be mailed if the address is not legible or complete (including Zip Code)***.

PLEASE PRINT NAME	**USEF Member # or Address**

By signing this application, I agree that the confidentiality of all evaluations and submissions regarding my application shall be maintained under the United States Equestrian Federation (USEF) rules (GR1002), and I hereby waive and release any right to examine my file and agree to hold USEF, the USEF Licensed Officials Committee, members of any USEF Committee, all USEF licensed officials and USEF members, officers, directors, and employees harmless from all liability and all claims, including claims for negligence, regarding this application and any action taken regarding it. I have read, understand and agree to be bound by the rules addressing the application process (GR1001 through GR1078). I further agree to be bound by the bylaws and all other rules of the USEF.

Signature of applicant _____Date _____

UNITED STATES EQUESTRIAN FEDERATION®
PO BOX 13310
LEXINGTON, KY 40583-3310